MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6349

CERTIFICATE OF DEATH

Reg. Dist. No. 105

M

1. PLACE OF DEATH: COUNTY Charles MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) La Plata Rock Point MD

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Phy C Mem

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD COUNTY Charles

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Point Md

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Cecilia (Middle) (Last) BOARMAN

4. DATE OF DEATH: (Month) 6 (Day) 3 (Year) 1952

5. SEX: F

6. COLOR OR RACE: W

7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED,~~ (Specify): married

8. DATE OF BIRTH: Sept 15 1917

9. AGE last birthday: 34 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Her Family

11. BIRTHPLACE (State or foreign country): Rock Point Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Shorter

14. MOTHER'S MAIDEN NAME: Ida Narris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) NO

16. SOCIAL SECURITY No.: NO

17. INFORMANT & ADDRESS: John Shorter Rock Point Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Post partem Eclampsia — INTERVAL BETWEEN ONSET AND DEATH 6-3-52

685 X

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-2, 1951, to 6-3, 1952, that I last saw the deceased alive on 6-3, 1952, and that death occurred at 3 P m., from the causes and on the date stated above.

SIGNATURE E B Edelen (DEGREE OR TITLE) M.D. ADDRESS La Plata Md DATE SIGNED 6-5-52

23. BURIAL, ~~CREMATION REMOVAL~~ (Specify): DATE THEREOF 6-6-52 NAME OF CEMETERY OR CREMATORY Holy Ghost LOCATION (City, town, or county) Lasul (State) Md

DATE REC'D BY LOCAL REG. 6-5-52 REGISTRAR'S SIGNATURE M. L. Moore

24. FUNERAL DIRECTOR Hunt & Ryon ADDRESS Waldorf Md

VS A15 8-51

T

1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 6 1957
BUREAU V. S.
COPY SENT TO LOCAL REGISTRAR No. CHC DATE 6/6/57

06350

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH — COUNTY: Charles County — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Benedict — LENGTH OF STAY (in this place): 1 week.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: X X X

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: 1516 - Delmont Lane
STREET ADDRESS (If rural, give location): Takoma Park

3. NAME OF DECEASED (Type or Print) (First) Robert (Middle) Hall (Last) Campbell

4. DATE OF DEATH (Month) June (Day) 20 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: 8/27/1877
9. AGE last birthday: 74 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Naval Gun Factory
11. BIRTHPLACE (State or foreign country): D.C.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Robert Hall Campbell
14. MOTHER'S MAIDEN NAME: Sarah Elizabeth Tabbott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)
16. SOCIAL SECURITY No.: 578-12-6618
17. INFORMANT AND ADDRESS: Sarah Elizabeth Tabbott — Saludia Viola Lynch

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Vascular Accident — 2 hours

331X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at Found 8:30 A.M. m., from the causes and on the date stated above.

SIGNATURE: George Hm Rector, Md (Degree or title) — ADDRESS: Aquasco, Md. — DATE SIGNED: 6/20/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 6/23/1952 — NAME OF CEMETERY OR CREMATORY: Cedar Hill Cemetery — LOCATION (City, town, or county) (State): Suitland Md

DATE REC'D BY LOCAL REG.: 6-20-52 — REGISTRAR'S SIGNATURE: M. L. Monroe — 24. FUNERAL DIRECTOR: W. W. Chambers Co — ADDRESS: 517-11th St S.E.

6-23-52 Julia H. Posey — Washington D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS AT

Mr Campbell found dead in bed. Has been under Dr Lee's care in D.C. Permission to issue certificate granted by Dr E. Ehlen, Coroner for Charles Co.

S H Shelton, M.D.

RECEIVED
JUN 25 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 106 16351

1. PLACE OF DEATH: COUNTY Charles MARYLAND; CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) La Plata; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Phys Mem Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Charles; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) ETHEL (Middle) DRA H (Last) CHAPMAN

4. DATE OF DEATH: (Month) 6 (Day) 17 (Year) 19 5V

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: 7-19-68

9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWORK

10b. KIND OF BUSINESS OR INDUSTRY: SELF

11. BIRTHPLACE (State or foreign country): CHARLES Co., MD.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: MARSHALL CHAPMAN

14. MOTHER'S MAIDEN NAME: ELLEN STOCKETT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: HENDLER CHAPMAN, LA PLATA, MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 6-5-5V

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Hypertensive Heart Disease — 1949

DUE TO

(c)

4437

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify); PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.); (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.; INJURY OCCURRED While at work ☐ Not while at work ☐; HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-5-5V, 19..., to 6-17, 19..., that I last saw the deceased alive on 6-16, 19..., and that death occurred at 2 A.m., from the causes and on the date stated above.

SIGNATURE E. Edelen M.D. (DEGREE OR TITLE) ADDRESS La Plata Md DATE SIGNED 6-17-5V

23. BURIAL, CREMATION, REMOVAL (Specify): Burial 6/19/52; DATE THEREOF 6/19/52; NAME OF CEMETERY OR CREMATORY Mt. Rest; LOCATION (City, town, or county) (State) La Plata, Md.

DATE REC'D BY LOCAL REG. 6/19/52; REGISTRAR'S SIGNATURE Julia H. Posey

24. FUNERAL DIRECTOR Hewitt & Ryon, ADDRESS Waldorf, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
JUN 23 1952
BUREAU V. S.

M

VS. A15-8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 06352 100

1. PLACE OF DEATH:

COUNTY Charles MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata Md

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Phys Mem Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md COUNTY Charles

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hughesville Md

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Edith (Middle) (Last) Chappalear

4. DATE OF DEATH: (Month) June (Day) 10 (Year) 1952

5. SEX: F

6. COLOR OR RACE: W

7. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify):

8. DATE OF BIRTH: Sept 4-1874

9. AGE last birthday: 77 yrs.

IF UNDER 1 YEAR: Months | Days

IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Her Home

11. BIRTHPLACE (State or foreign country): Charles Co

12. CITIZEN OF WHAT COUNTRY? N.S.

13. FATHER'S NAME: Samuel Cox

14. MOTHER'S MAIDEN NAME: Ellen Magruder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: M

17. INFORMANT & ADDRESS: John R. Neale 4307 Rosedale ave Bethesda Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Cerebral vascular accident, (hemorrhage)	3 hrs.
DUE TO			
Antecedent cause(s)	(b)	Essential hypertension	4 years.
DUE TO			
	(c)	Cirrhosis of liver, alcoholic.	1 year.

331X

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(581.1)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9 June, 1952, to 10 June, 1952, that I last saw the deceased alive on 10 June, 1952, and that death occurred at 5:30 EST p.m., from the causes and on the date stated above.

SIGNATURE S. B. Woodley (DEGREE OR TITLE) MD ADDRESS La Plata. Md. DATE SIGNED 10 June 52

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify):

DATE THEREOF 6-13-52

NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery

LOCATION (City, town, or county) Suitland Md (State)

DATE REC'D BY LOCAL REG. 6/12/52

REGISTRAR'S SIGNATURE Julia F. Pasey

24. FUNERAL DIRECTOR Hunt & Ryon ADDRESS Waldorf Md

RECEIVED
JUN 16 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06353

CERTIFICATE OF DEATH

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

1. PLACE OF DEATH:

COUNTY CHARLES MARYLAND

CITY (If outside corporato limits, write RURAL OR and give nearest town) TOWN HUGHESVILLE

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MARYLAND COUNTY CHARLES

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HUGHESVILLE

STREET ADDRESS — (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) ELIZABETH (Middle) MARION (Last) COLLISON

4. DATE OF DEATH: (Month) JUNE (Day) 16 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED

8. DATE OF BIRTH: 3-17-1869

9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): St. Mary's Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James C. Collison

14. MOTHER'S MAIDEN NAME: Elizabeth A. Hammett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Julia A. Collison

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Congestive Heart Failure — Arteriosclerotic Heart Disease	10 days
420.0 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Generalized Arteriosclerosis	10 years
	(c) DUE TO —	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE) —

TIME OF INJURY (Month) — (Day) — (Year) — (Hour) — M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from September, 19 48, to June 16, 1952, that I last saw the deceased alive on June 16, 1952, and that death occurred at 10:15 p.m. EST, from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

John K. Griffin M.D. Hughesville 6/17/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 6/19/52

NAME OF CEMETERY OR CREMATORY St. Mary's

LOCATION (City, town, or county) (State) Bryantown, Md

DATE REC'D BY LOCAL REG. 6/19/52

REGISTRAR'S SIGNATURE Julia H Posey

24. FUNERAL DIRECTOR ADDRESS Hurst + Ryon, Waldorf, Md.

RECEIVED
JUN 23 1952
BUREAU V. S.

06354

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Port Tobacco
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Chas
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Tobacco Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) CONNY (Middle) Lee (Last) COMPTON
4. DATE OF DEATH (Month) 6 (Day) 24 (Year) 1952

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) S
8. DATE OF BIRTH 11-19-50
9. AGE-last birthday 1 yrs. | If under 1 year Months | Days | If under 24 hrs. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) V.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Eugene R Compton
14. MOTHER'S MAIDEN NAME Shirley Ryon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Drowning 6-24-52

850.8 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fell out of boat in 2 ft water 6-24-52

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Pt. Tobacco Creek (CITY OR TOWN) Pt Tobacco (COUNTY) Chas (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE C. H. Hedelen (Degree or title) M.D. ADDRESS Lakeland Md. DATE SIGNED 6-24-52

23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF 6/25/52 | NAME OF CEMETERY OR CREMATORY Oakland | LOCATION (City, town, or county) Waldorf (State) Md

DATE REC'D BY LOCAL REG. 6-25-52 | REGISTRAR'S SIGNATURE M. L. Monroe | 24. FUNERAL DIRECTOR Hunt & Ryon | ADDRESS Waldorf Md

6-26-52 Julia H Casey

M

I

T

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUN 30 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6555

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH:

COUNTY Charles MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gallant Green, Md.

LENGTH OF STAY (in this place) 30 years

HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Charles.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gallant Green, Md.

STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED: (Type or Print) (First) Barbara (Middle) (Last) Hartmann

4. DATE OF DEATH: (Month) June (Day) 23 (Year) 1952

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Oct. 2, 1867

9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Philip Brudger

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Rosina Keller, Gallant Green, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Acute Congestive Cardiac Decompensation	7 days
4200	DUE TO Arterio-Sclerotic Heart Disease	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Generalized Arterio-Sclerosis	10 years
	DUE TO	
	(c) Essential Hypertension	5 years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. none —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) — — — M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from January, 1948, to 6/23, 1952, that I last saw the deceased alive on 6/22, 1952, and that death occurred at 12 noon EST m., from the causes and on the date stated above.

SIGNATURE John H. Griffin (DEGREE OR TITLE) M.D. ADDRESS Hughesville, Md. DATE SIGNED 6/24/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 6/25/52

NAME OF CEMETERY OR CREMATORY St. Marys

LOCATION (City, town, or county) (State) Bryantown, Md.

DATE REC'D BY LOCAL REG. 6/24/52

REGISTRAR'S SIGNATURE Julia H. Posey

24. FUNERAL DIRECTOR Huntt & Ryan, Waldorf, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1 8-51

RECEIVED
JUN 26 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06356

CERTIFICATE OF DEATH

Reg. Dist. No. 100

M

The correct age

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 15-7

1. PLACE OF DEATH: COUNTY: CHARLES; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: HUGHESVILLE
LENGTH OF STAY (in this place): LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: MARYLAND; COUNTY: CHARLES
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: HUGHESVILLE
STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
MAMIE	MAY	ISTVAN	JUNE	29	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
FEMALE	US-WHITE	MARRIED	NOVEMBER 3, 1896	55 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	HOME	MARYLAND	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
FRED BUCKLER	ROSE BASSFORD.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
NO —	None	JOSEPH ISTVAN : HUGHESVILLE, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) ACUTE CORONARY THROMBOSIS	5 HOURS.
931.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Heat Prostration	12 hours
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
—	Home	—	—	—

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
6/29	—		m.		Alone

22. I hereby certify that I attended the deceased from January, 19 48, to June, 1952, that I last saw the deceased alive on June 28, 1952, and that death occurred at 3:30 EST A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
John St. Griffin, M.D.	Hughesville, Md.	6/29/52.

23. BURIAL, CREMATION / REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/2/52	St. Mary's	Bryantown, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/1/52	Julia H. Posey	Huntt & Ryon, Waldorf, Md.	

RECEIVED
JUL 3 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

06357

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Popes Creek — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE W. Va. — COUNTY Jeffers
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Charles Town
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Ernest (Middle) Mercer (Last) Jones

4. DATE OF DEATH: (Month) June (Day) 15 (Year) 1952

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: 6-4-1922

9. AGE last birthday: 30 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist

10b. KIND OF BUSINESS OR INDUSTRY: Airplane factory

11. BIRTHPLACE (State or foreign country): Harpers Ferry, Va

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Ernest D. Jones

14. MOTHER'S MAIDEN NAME: Elsie Link

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes — (If yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO.: 236-22-5458

17. INFORMANT AND ADDRESS: Douglas L. Currier

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Compound fracture of skull, both legs and chest — 6-15-52

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 815.4 — (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Riding motorcycle when hit by auto — 6-15-52

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Highway — (CITY OR TOWN) Popes Creek — (COUNTY) Chas — (STATE) Md.

TIME OF INJURY (Month) 6 (Day) 15 (Year) 52 (Hour) 4 P.M. — INJURY OCCURRED While at work ☐ Not while at work ☒ — HOW DID INJURY OCCUR? While riding motorcycle he was hit by auto

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE L. A. Adelen (Degree or title) M.D. — ADDRESS La Plata Md — DATE SIGNED 6-16-52

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL — DATE THEREOF 6-18-52 — NAME OF CEMETERY OR CREMATORY St. James — LOCATION (City, town, or county) (State) Villa, West Va.

DATE REC'D BY LOCAL REG. 6/16/52 — REGISTRAR'S SIGNATURE Julia H Casey

24. FUNERAL DIRECTOR — ADDRESS Hunt & Ryon, Waldorf, Md

RECEIVED
JUN 18 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

06358

Reg. Dist. No. 10-5

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A 8-51

1. PLACE OF DEATH:
COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN: Waldorf
LENGTH OF STAY (in this place): 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Waldorf
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Roy (Middle) (Last) Jones

4. DATE OF DEATH: (Month) (Day) (Year) June 25 19 52

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June 8, 1887

9. AGE last birthday: 65 yrs. — IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Tenant

11. BIRTHPLACE (State or foreign country): Winston-Salem, N.C.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes. (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.: 212-14-1693

17. INFORMANT & ADDRESS: Louise Jones, Waldorf, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Hemorrhage — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) C.A. Testicle — DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH: (a) 6-25-52; (b) ?

176X

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-26-52 to 6-26-52, 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) C. Edelen M.D. ADDRESS La Plata Md. DATE SIGNED 6-26-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 6/28/1952

NAME OF CEMETERY OR CREMATORY St. Peters

LOCATION (City, town, or county) (State) Waldorf Md

DATE REC'D BY LOCAL REG. 6/27/52

REGISTRAR'S SIGNATURE Julia D. Posey

24. FUNERAL DIRECTOR Hunt & Ryon, Waldorf, Md. ADDRESS

RECEIVED
JUN 30 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

063591

Reg. Dist. No. 106

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Charles. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pomonkey; LENGTH OF STAY (in this place) 9 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pomonkey
HOSPITAL OR INSTITUTION OR STREET ADDRESS —	STREET ADDRESS — (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Joseph	Lem	King	June	15	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
Male	Colored	Single	Jan 17, 1935	17 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Student	—	Washington, D.C.	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James A. King	Sadie Enolia (Marshall)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	—	Mrs. Vivian Marshall

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Uremia & Terminal Convulsions	1 day
Antecedent cause(s)	(b) Chronic Glomerulo nephritis	1 yr.
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Lues, Congenital	17 yrs.

592X

(020.2)

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from May, 1951, to 6/15, 1952, that I last saw the deceased alive on 6/13, 1952, and that death occurred at 8:05 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank L Susan M.D.		Indian Head, Md	6-15-52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	6-19-52.	Metropolitan M.E. Church	Pomonkey,	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6-15-52	Maymie E. Ransone	Barnes & Mathews	Washington, D.C.

VS-A15

RECEIVED
JUL 8 19
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06360

CERTIFICATE OF DEATH

Reg. Dist. No. 10

1. PLACE OF DEATH:
COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Phys Mem. Hosp La Plata Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD COUNTY CHAS
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LA PLATA
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) VIRGINIA (Last) MATTHEWS

4. DATE OF DEATH: (Month) 6 (Day) 3 (Year) 1952

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: Jan 24-1908

9. AGE last birthday: 44 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Her Family

11. BIRTHPLACE (State or foreign country): Griffin Ga.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: S Homer Wilson

14. MOTHER'S MAIDEN NAME: Mary Virginia Pritchard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: No

17. INFORMANT & ADDRESS: Bruce Matthews La Plata Md Husband

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cancer of Pancreas — INTERVAL BETWEEN ONSET AND DEATH 3-10-51

157X

DUE TO

Antecedent cause(s) (b)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-10, 1951, to 6-3, 1952, that I last saw the deceased alive on 6-2, 1952, and that death occurred at 6 A.M., from the causes and on the date stated above.

SIGNATURE C. J. Edelen (DEGREE OR TITLE) M.D. ADDRESS La Plata Md DATE SIGNED 6-5-52

23. BURIAL, CREMATION REMOVAL (Specify): DATE THEREOF June 5-52 NAME OF CEMETERY OR CREMATORY Mt Rest LOCATION (City, town, or county) La Plata (State) Md

DATE REC'D BY LOCAL REG. 6-5-52 REGISTRAR'S SIGNATURE M L. Mourel

24. FUNERAL DIRECTOR Hunt & Ryon ADDRESS Waldorf Md

COPY SENT TO LOCAL REGISTRAR NO. CHO

RECEIVED
DATE JUN 6
BUREAU V. S.

06361

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH:
COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~Pomfret~~ Piscah
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~Pomfret~~ Piscah
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Daisey (Middle) E (Last) Mattingly

4. DATE OF DEATH: (Month) June (Day) 10 (Year) 1952

5. SEX: F

6. COLOR OR RACE: W.

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify):

8. DATE OF BIRTH: 9-5-1898

9. AGE last birthday: 53 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hsewf

10b. KIND OF BUSINESS OR INDUSTRY: self

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Benjamin Welch

14. MOTHER'S MAIDEN NAME: Mary Muller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: Jewell Mattingly - ~~Pomfret~~ Piscah, MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	
4200	DUE TO	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Hypertensive Arteriosclerotic	10 min.
	DUE TO Heart Disease	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec., 1951, to June, 1952, that I last saw the deceased alive on June 10, 1952, and that death occurred at 8 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Richard F. Daly, M.D. ADDRESS La Plata, Md. DATE SIGNED June 12, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 6/13/52

NAME OF CEMETERY OR CREMATORY St. Ignatius

LOCATION (City, town, or county) (State) Hilltop, Md

DATE REC'D BY LOCAL REG. 6/12/52

REGISTRAR'S SIGNATURE Julia H. Pasey

24. FUNERAL DIRECTOR Hunt & Ryan, Waldorf, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
JUN 16 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 006362

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH:
COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN White Plains
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN White Plains
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Thomas (Last) Miles

4. DATE OF DEATH: (Month) June (Day) 21 (Year) 1952

5. SEX: M

6. COLOR OR RACE: Colored.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: 12-3-1877

9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER

10b. KIND OF BUSINESS OR INDUSTRY: Self

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Miles

14. MOTHER'S MAIDEN NAME: Lucy Ann Plouden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: Marjorie Miles, White Plains, MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Cerebral vascular accident	12 hrs.
331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Senile arteriosclerosis	5 years
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1951, to 21 June, 1952, that I last saw the deceased alive on 21 June, 1952, and that death occurred at 7:50 p.m., from the causes and on the date stated above.

SIGNATURE [signature] (DEGREE OR TITLE) MD ADDRESS La Plata. Md. DATE SIGNED 21 June 52.

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL

DATE THEREOF 6/24/52

NAME OF CEMETERY OR CREMATORY St. Josephs

LOCATION (City, town, or county) Pomfret (State) MD.

DATE REC'D BY LOCAL REG. 6/24/52

REGISTRAR'S SIGNATURE Julia H. Posey

24. FUNERAL DIRECTOR Hunt & Ryan, Waldorf, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
JUN 26 1952
BUREAU W. S.

06363

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 101

M

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Risen
LENGTH OF STAY (In this place) 6 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Risen
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Adrian (Middle) Adelside (Last) Milsted.

4. DATE OF DEATH: (Month) June (Day) 15 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: January 11 1871

9. AGE last birthday: 81 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Dunsides Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Rufus Davis

14. MOTHER'S MAIDEN NAME: Mary E. Barker.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Nora Isabel Monroe, Doncaster, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Embolism — Interval Between Onset and Death: Immed.

420.1

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertensive Heart Disease — 3-4 yrs

(260.1) (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — 15 yrs.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 30, 1952 to June 15, 1952, that I last saw the deceased alive on June 2, 1952, and that death occurred at 1:50 A.m., from the causes and on the date stated above.

SIGNATURE Smith Susan L-D (Degree or title) ADDRESS Indian Head, Md DATE SIGNED 6-16-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE 6-18-52 | NAME OF CEMETERY OR CREMATORY Chicamuxen M.E. | LOCATION (City, town, or county) (State) Chicamuxen, Md

DATE REC'D BY LOCAL REG. 6/18/52 | REGISTRAR'S SIGNATURE Mary Smithland

24. FUNERAL DIRECTOR ADDRESS Hamilton & Ryon, Waldorf, Md.

VS. 415

RECEIVED
JUN 24 1952
BUREAU V. S.

06348

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. ~~105~~ 106

1. PLACE OF DEATH: COUNTY Charles MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Indian Head — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf, Md.
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS None (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) George Lee	(Middle)	(Last) Walker	4. DATE OF DEATH	(Month) 6	(Day) 24	(Year) 1952
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 11-27-01	9. AGE last birthday 51 yrs.	If under 1 year Months.	Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Iron Worker	10b. KIND OF BUSINESS OR INDUSTRY Construction	11. BIRTHPLACE (State or foreign country) Great Falls, Va.	12. CITIZEN OF WHAT COUNTRY? US.				
13. FATHER'S NAME George C. Walker	14. MOTHER'S MAIDEN NAME Mary E. Gibson						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)	16. SOCIAL SECURITY NO. 578-01-1244	17. INFORMANT AND ADDRESS Calvin Dee Walker (Son)					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	Immediate
421.4 Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Valvular Heart Disease with Hypertension	Indefinite
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-24-52, 19....., to 6-24-52, 19....., that I last saw the deceased alive on 6-24-52, 19....., and that death occurred at 6-45-52 A.m., from the causes and on the date stated above.

SIGNATURE James E. Andrews (Degree or title) M D ADDRESS Indian Head Md DATE SIGNED 6-24-52

James E. Andrews

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify)	DATE 6-27-52	NAME OF CEMETERY OR CREMATORY Cedar Hill	LOCATION (City, town, or county) Lusland	(State) Md
DATE REC'D BY LOCAL REG. 6-25-52	REGISTRAR'S SIGNATURE ~~M. L. Moore~~	24. FUNERAL DIRECTOR Hunt & Gon	ADDRESS Waldorf Md	

7-18-52 Mrs. Odey Price

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 18 1952
BUREAU W. S.